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December 7, 1992

D. Rennie and B. Dan, Editors
JAMA
American Medical Association
515 North State Street
Chicago, Illinois 60610

Re: Letter to the editors

Dear Sirs:

We were pleased that our letters of response to Drs. Humes and Boswell, regarding the autopsy of John Fitzgerald Kennedy, were published in JAMA.¹ We were, however, most disappointed that all questions of evidentiary significance were ignored by the autopsists.² For individuals so uniquely placed by history to now affirm that they will forever remain silent on these issues is a great disservice to the medical community, to all Americans, and to history. If the imprimatur of scientific certainty is to be granted, as requested by Drs Humes, Boswell, Finck, and Lundberg, for their proffered information,³ surely the ancient and valued tradition of responding honestly to letters of inquiry is required. Without this, the value of peer reviewed literature would greatly diminish.⁴ As members of the medical community addressing a matter of such historic importance, most decidedly we are accountable to the wider American public. In the Kennedy assassination, most especially, an open and uninhibited scientific interchange must be permitted. Sadly, that door has now been closed, supposedly for all time. Such a total lack of response, advanced with remarkably ringing finality, can only provoke among readers the opposite of its expressed intent. Rather than trust and confidence in Humes, Boswell and JAMA, mistrust and incredulity will result.

This aura of stifling the truth was only enhanced by Humes and Boswell's deliberate absence from Lundberg's news conference announcing JAMA's forthcoming publication of their "plain truth" portrayal of the autopsy evidence in Kennedy's murder.⁵ The impression that Humes, Boswell, and Finck are unwilling to answer questions--whether from the free press, from fellow physicians (other than from former fellow military pathologist, Lundberg), and other readers of JAMA--undermines the confidence the public should have for physicians, the AMA, its journal and its authoritative conclusions regarding this case.⁶

As Lundberg, himself, has advised: "It is the reader's responsibility, no matter whether an investigator, a physician, a medical reporter, or any member of the public, to read all with a skeptical eye".⁷ He has suggested that we "...sift these data, challenge the hypotheses, results, and interpretations. And, let us hear from you."⁸ Yet when we

sifted and challenged and wrote JAMA, Mr. Breo answered that the "...only cogent question raised by all the response..." was that Finck's interview was absent in the first JAMA report!⁹ Is Lundberg seriously suggesting, via his surrogate, Breo, that these guidelines are to be ignored for the peer review discussion of Kennedy's autopsy? To be sure, there remain "cogent questions" that are still unanswered despite Breo's flip dismissive.

For example, if JAMA would be, in Lundberg's words, "...as correct as it is humanly possible to be...",¹⁰ it might have requested that the autopsists discuss their claims in reference to the extensive work of the panel of forensic pathologists of the House Select Committee on Assassinations (HSCA). Their findings contradict the claims of the autopsists regarding the location of the fatal skull wound by 10 to 12 cm!¹¹ Furthermore, the photographs and radiographs also contradict the claims of Humes, Boswell and Finck. We cannot imagine how Lundberg and Breo could have failed to ask the autopsists such fundamental questions, or how any peer review analysis of the data in the case could have neglected them. These contradictions were the source of the greatest and unresolved medical controversies considered by the HSCA.

There can be no disputing that there are unresolved contradictions in the data on Kennedy's autopsy, which Humes, Boswell and Finck could greatly clarify. Among the many mysteries suggested by JAMA's coverage, the following areas of ambiguity could easily be clarified by the autopsy pathologists:

- 1) If "two thirds of the right cerebrum was missing.", as Humes reported in JAMA, how could the brain in evidence weigh 1500 grams--the upper limit of normal for an intact normal brain--as the supplemental autopsy report asserts?
- 2) Frame 312 of the Zapruder film establishes that Kennedy's head was anteflexed only slightly at the instant of the fatal shot. If the autopsy exam revealed a wound of entrance "to the right and just above" the external occipital protuberance, as Humes, Boswell and Finck have claimed,^{12 13} this would place the wound of entrance very near the base of the skull from a bullet arriving from above and to the right--assuming, of course, that the assassin was firing from the sixth floor of the Texas School Book Depository. How could this bullet enter near the external occipital protuberance and then exit through the skull defect shown at the vertex in the HSCA diagram, unless it were deflected by normal brain tissue? And how could it produce a large defect extending into the occiput, as reported by Humes and Finck, and as described by all Parkland medical personnel, and, as seen on the anterior skull radiographs?¹⁴
- 3) Humes, Boswell and Finck were apparently charged by Kennedy's personal physician, Dr Burkley, with locating bullet evidence linking the murder to the (by then captured) alleged assassin, Oswald.¹⁵ While the pathologists did retrieve 2 bullet fragments measuring 7x2mm and 3x1mm, no mention is made the largest bullet fragment discernable on the currently available radiographs, a 6.5mm diameter, round object that is unavoidably obvious on the anteroposterior radiograph. This largest

fragment is seen imbedded in the outer table of the parietal bone in precisely the area examined, according to the testimony of Humes and Boswell.¹⁶ Could a fragment so large and so easily retrievable, and so important evidentially, have been ignored by 3 pathologists? Would the radiologist who was present, Dr Ebersole,¹⁷ have failed to bring so important an object to the attention of the pathologists for retrieval if it had been overlooked by them? It was not mentioned by any of the pathologists in their Warren Commission testimony. In fact, after reviewing the autopsy radiographs for 5 hours on 1-26-67 all 3 autopsists signed a statement declaring that "...careful examination at the autopsy, and the photographs and X-rays (sic) taken during the autopsy, revealed no evidence of a bullet or of a major portion of a bullet in the body of the President ...".¹⁸ This peculiarity has taken on increased significance because the technologist who took the radiographs, Jerrol Custer, claims that the current radiographs are forgeries.¹⁹ If the current radiographs are forged and are not those studied by the 3 autopsy pathologists and radiologist the night of the autopsy, that could explain how so large and obvious a fragment might have been neither retrieved nor mentioned by the autopsists. Do Humes, Boswell and Finck recall seeing this 6.5mm round fragment in the "cowlick" area of parietal skull on radiographs examined during the autopsy, where current radiographs show such a fragment? If they did, why, as Dr Petty wondered in questioning Humes before the HSCA,²⁰ did they not retrieve it while exploring this precise area, given Burkley's request? Why did Dr Ebersole, the radiologist, not recall seeing this fragment when questioned about it twice (on November 2 and December 2 1992), by one of us (Dr. Mantik)?

4) On three occasions, Humes, Boswell and Finck have stated that the fatal entrance wound was near the external occipital protuberance (EOP). To the right and just above the EOP to the Warren Commission, to the right and just below the EOP to the HSCA,²¹ and to the right and just above the EOP in JAMA. The available photographs and radiographs, if true representations, indicate that Humes, Boswell and Finck erred by 10 cm to 12 cm--an enormous discrepancy. That is, the photos and radiographs if authentic show the fatal entrance wound at least 10 cm above where the autopsists claim it was.²²

In their House Select Committee testimony, Boswell, with Humes at his side, twice asserted that a fragment of bone brought late to the autopsy fit a defect in the occipital bone surrounding the fatal entrance wound.²³ In fact, Boswell stated that it was the bevelling on the inner aspect of precisely this fragment that allowed them to determine that the "inshoot" had occurred so low in the occipital bone.²⁴ Do the autopsy pathologists recall a defect in the occipital bone that was made whole with the arrival of a bony fragment the night of the autopsy? Significantly, no defect in the occipital bone is seen on the current lateral radiograph. The radiographs were taken before the autopsy had begun and, presumably, at a time when the defect in the occipital bone was present, according to Boswell and Humes' testimony.²⁵ Were there two traumatic defects in the skull at the beginning of the autopsy, one the entrance defect in the occipital bone reconstructed with the arrival of the fragment mentioned above, and the second a large exit defect, or was there a single continuous, large "temporo-parietal-

occipital" defect as described by Finck?²⁶ If there were two separate defects, what was the separation between them? How wide was the occipital portion of the large skull defect mentioned by Dr Boswell?

5) The autopsy report describes "...a (note the singular form of the indefinite article) large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. " How can this be reconciled with the photographs which show no defect even remotely close to the occipital region? This question is very important since the photographer who took the photographs, Floyd Reibe, claims the photographs currently available are also forgeries.^{27 28}

The evidence Humes, Boswell and Finck have given to JAMA, the Warren Commission and the House Select Committee on Assassinations appear to support Reibe's stunning allegations of forgery and to undermine the conclusions of the panel of forensic pathologists of the House Select Committee which accepted the photographs as valid.²⁹ Is that their intent? Humes himself categorically denied the legitimacy of the higher skull wound, whose existence is "proven" by the photographs and radiographs. Reviewing a photograph of the back of the skull showing a high wound of entrance before the HSCA, Humes protested, "I can assure you that as we reflected the scalp to get to this point there was no defect corresponding to this in the skull at any point. I don't know what that is (referring to the higher wound seen on the photos). It could be to me (sic) clotted blood. I don't , I just don't know what it is, but it certainly was not any wound of entrance."³⁰ Furthermore, the House Select Committee's panel of pathologists reported that Finck "believed strongly that the observations of the autopsy pathologist (sic) were more valid than those of individuals who might subsequently examine photographs."³¹ This implies that Finck also disputed the photographic "proof" of an entrance wound high in the skull. How do the autopsists reconcile the striking discrepancy between their localization of the fatal wound and contradictory photographic evidence?

Indeed, why, in a second interview before the House Select Committee's panel of forensic pathologists, did Humes abandon his prior low location to endorse the forensic panel's 10-12 cm higher location of the fatal wound "proven" to them by the photographs and radiographs?³² Why has he reversed himself again and decided that the lower location of the fatal wound was right after all in his JAMA interview, even though he places that wound at a different low location ("just above" the EOP) than he did in testimony before the House Select Committee (1 cm or 2 cm "below" the EOP)?³³

6) Was the cerebellum visible through the skull defect? How is it conceivable that no one on the Warren Commission or on the HSCA even ventured to ask such a rudimentary question? Seven Parkland physicians have reported seeing cerebellum through the skull defect: Drs. Baxter, Carrico, Clark, Jenkins, McClelland, Peters and Perry.³⁴ In particular, Dr. Kemp Clark, the neurosurgeon, in a handwritten note note

reported both cerebral and cerebellar tissue. Many of these physicians were asked to confirm this in their sworn testimony, and no one recanted.^{35 36}

7) Why was the designation "14 cm" on Dr Boswell's diagram in dark blue ink, while the remainder of the diagram was entirely in pencil? When was the "14 cm" notation inserted?

8) On January 27, 1964, during a Warren Commission executive session, J. Lee Rankin, while holding photographs, stated that the bullet entered below the shoulder blade.³⁷ This agrees with the accounts given by: 1) Burkley in his death certificate that the wound was to the right of the 3rd thoracic vertebra,³⁸ 2) the autopsy diagram of Boswell, which was signed as "verified" by Burkley,³⁹ 3) the eyewitness testimonies of SS Agent Clint Hill, FBI agents Silbert and O'Neill,⁴⁰ 4) the verbal description given twice by the attending radiologist, Dr Ebersole, to one of us (Dr Mantik), and 5) the corroboration that the bullet holes in Kennedy's jacket and shirt were 5 inches below the collar, while at the moment of bullet impact photographic evidence shows that his jacket was not "riding up" and distorting the clothing evidence regarding the location of bullet entrance.⁴¹ Was the back wound where Burkely placed it, to the right of the third thoracic vertebra, in the recollection of Humes, Boswell and Finck?

9) Do they believe the "Single Bullet Theory"--that a single bullet caused both Kennedy's and Connally's non-fatal wounds in 7 passes through skin and muscle, pulverizing a 5 inch segment of Conally's rib, and passing through his wrist while fracturing the widest portion of the radius bone yet remaining virtually undamaged? Humes and Finck strongly disagreed with this theory in their interviews before the Warren Commission.^{42 43} Yet they seem to say the opposite in JAMA. If they changed their mind, what new evidence caused them to change?

10) Humes and Finck insisted in JAMA that there was no interference in the President's autopsy. While testifying under oath in the Shaw trial, however, Finck was asked why he had not dissected the track of the bullet wound in Kennedy's back, an elemental aspect of an autopsy in a shooting. He responded, "As I recall I was told not to but I don't remember by whom." Moments later he was pressed, "But you were told not to go into the area of the neck, is that your testimony?" He answered, "From what I recall, yes, but I don't remember by whom."⁴⁴ Taking a major departure from customary autopsy protocol because one is "told not to" seems to be interference. Can the autopsists maintain this was not interference?

11) How can the current photographic collection purport to be a full complement when Humes himself reports taking great care to obtain at least one photograph of the right apical pleura, which was bruised? This photograph is absent. If an extra photograph was inserted to maintain a full complement, which one is it? Is it a posterior view of the head?

12) On Boswell's face sheet diagram the anterior to posterior length of the skull defect was labelled as 17 cm with the designation "missing". (Author David Lifton reports that Boswell told him in 1979 that the measurement was made by him using a centimeter scale.⁴⁵) If this defect starts near the coronal suture, it necessarily must extend far into the occipital bone (which is also consistent with the autopsy report). Even the use of Hume's smaller 13 cm measurement necessarily extends the large defect into the occiput on skull models. Dr Ebersole locates the posterior border large skull defect as 2-2.5 cm lateral to the smaller occipital entry wound (which was near the EOP). All 3 of these physicians' descriptions are in gross anatomic disagreement with the current posterior head photograph, which shows no sign whatsoever of a large skull defect. Who should be believed: the eyewitness testimony of 4 physicians (the autopsists and Ebersole), or a photograph whose authenticity has been denied by the photographer himself (Reibe)?

13) The current posterior head photographs show no large defect. Is this what the pathologists saw? It is astounding that they were not asked this question. On the one issue raised (the site of the bullet entry) their recollections were, in fact, vastly different.

14) Why was the brain not sectioned coronally? When did Humes intend to do this if not for the supplemental autopsy report? Surely by that time (December 6, 1963) he could leisurely have reviewed standard forensic pathology protocols and would have known that such sectioning was an essential component of a full report. Also given the absence of urgency in the examination of the brain, why did Humes not request an AFIP consultation for a definitive pathologic study of the brain?

15) The JAMA interview makes frequent use of phrases rarely found in scientific papers: "irrefutable proof", "foolproof", "blatantly obvious". (The authors challenge the reader to find similar terminology in any contemporary JAMA articles.) The autopsy report, however, makes liberal use of the word "presumably", even when describing such critical items as wounds. Have Humes and Boswell made new discoveries since the autopsy which increase their scientific certainty? If so, an opportunity to share such discoveries should not be missed.

16) The trail of bullet fragments reported by Humes began at the external occipital protuberance. Ebersole has confirmed that these tiny fragments did extend from the occiput toward the right forehead, which is consistent with Humes testimony. The current lateral radiograph, however, shows them much higher near the vertex. Which version is correct?

17) The HSCA reported that the back wound had an abrasion collar at the inferior border. Did the pathologists see this? It was recognized by the HSCA that this implied a rising bullet. The HSCA also reported that Kennedy was leaning forward by only a few degrees. Did this bullet then enter him going superiorly? If so, how did it then

reverse course, without striking bone (as everyone agrees), and enter Connally going downward?

18) Why does the autopsy report describe Kennedy as falling foreward (by implication, from a rear fatal head shot) while the Zapruder film shows him violently propelled backward? The autopsists were also told that the lone assassin, Oswald, had been apprehended and that he had fired at the president from above and to the rear. Were the autopsists influenced in their conclusions by this information? Who told the pathologists that Kennedy fell foreward with the fatal shot?

19) Why are there no photographs of the brain in the skull? Were any photographs taken before manipulations had been performed?

20) Were the skull radiographs taken before or after the brain was removed, or both? Do the extant radiographs purport to contain brain?

As a final question to Lundberg: Were outside consultants used by JAMA to analyze the data given by Humes, Boswell and Finck, JAMA's standard peer review process?⁴⁶ If so who were they and what are their qualifications?

We hope that raising these issues will invite additional expertise to examine unsettled aspects of the autopsy and will promote additional clarification. We harbor little hope that our queries, even if fully answered, will quiet all doubters, since there seems to be an unlimited supply. We do, however, share with Lundberg an abiding faith in the peer review process. We hope that the full exercise of that process, which Lundberg has long championed, will leave physicians, the American Medical Association, its journal, and the concerned public confident that JAMA will continue to be "as correct as it is humanly possible to be".

Very truly yours,

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¹ JAMA 1992; 268:1681-1685.

² IBID, p.1685.

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- ³¹ HSCA. Washington, DC; US Government Printing Office; 1978; 7:115.
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- ³⁷ National Archives; Record group 272, entry 1.

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- ⁴¹ Thompson J. *Six Seconds in Dallas-A Micro-Study of the Kennedy Assassination*. New York, New York; Bernard Geis Associates-distributed by Random House; 1967:222-223.
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